

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted With Initial Filing (37 CFR 1.63)

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number:	BPD-100US
First Named Inventor:	Hartmut E.A. Bruschke
COMPLETE IF KNOWN	
Application Number:	To Be Assigned
Filing Date:	Herewith
Art Unit:	To Be Assigned
Examiner Name:	To Be Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR THE CONTINUOUS MANUFACTURE OF TUBULAR MEMBRANE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on 20 October 2003 PCT International Application Number PCT/EP2003/011586.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
10248750.2	Germany	10/18/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

Practitioners at Customer Number 23122

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above; OR <input type="checkbox"/> Correspondence Address Below		
Name:			
Address:			
City:	State:	Zip:	
Country:	Telephone:	Fax:	
Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
HARTMUT E.A.		BRUSCHKE	
Inventor's Signature			Date: _____
Residence: City: NuBloch	State:	Country: Germany	Citizenship: Germany
Mailing Address: Kurpfalzstraße 64			
Mailing Address:			
City: NuBloch	State:	Zip: 69226	Country: Germany
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
NICHOLAS PATRICK		WYNN	
Inventor's Signature _____		Date: _____	
Residence: City: Sarreguemines	State:	Country: France	Citizenship: France
Mailing Address: Rue d'Or 3			
Mailing Address:			
City: Sarreguemines	State:	Zip: 57200	Country: France
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
FRANK-KLAUS		MARGGRAFF	
Inventor's Signature _____		Date: _____	
Residence: City: Homburg	State:	Country: Germany	Citizenship: Germany
Mailing Address: Elulichstr. 10			
Mailing Address:			
City: Homburg	State:	Zip: 66424	Country: Germany
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
WOLFGANG		SCHAFER	
Inventor's Signature _____		Date: _____	
Residence: City: Homburg	State:	Country: Germany	Citizenship: Germany
Mailing Address: Bruhfeld 69			
Mailing Address:			
City: Homburg	State:	Zip: 66424	Country: Germany
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			